

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

National Association of Rehabilitation Providers & Agencies Inc. Political Action Committee

ADDRESS (number and street)

905 Breezewick Circle

☐(Check if address
is changed)

Towson

MD

21286

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mgkelley@wms-jen.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00192153

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Ernest A. Burch, Jr.

Signature of Treasurer

Electronically Filed by Ernest A. Burch, Jr.

Date

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Nat'l Assoc. of Rehabilitation Providers & Agencies, Inc.

Mailing Address

12100 Sunset Hills Road

Suite 130

Reston

VA

20190

3221

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☒

Trade Association

☐

Cooperative

Write or Type Committee Name

**National Association of Rehabilitation Providers & Agencies Inc. Political Action
Committ**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Meredith Kelley**

Mailing Address **1155 21st St., NW, Suite 300**

Washington **DC** **20036** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Ernest A. Burch, Jr.**

Mailing Address **905 Breezewick Circle**

Towson **MD** **21286** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **202** - **659** - **8201**

Full Name of Designated Agent **Meredith Kelley**

Mailing Address **1155 21st St., NW**

Suite 300

Washington **DC** **20036** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Asst. Treasurer Telephone number **202** - **659** - **8201**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Bank of America		
Mailing Address	PO Box 25118		
	Tampa	FL	33622 - 5118
	CITY ▲	STATE ▲	ZIP CODE ▲